

# UPMC | HEART AND VASCULAR INSTITUTE

Brady Building, Harrisburg Campus, 205 South Front Street, 4th Floor, Harrisburg, PA 17104

**Telephone:** (717) 231-8555

**Fax:** (717) 231-8568

## Dental Clearance Letter

Re \_\_\_\_\_ DOB \_\_\_\_\_

To Whom It May Concern:

**A. Reza Abrishamchian, MD, FACS**  
Cardiovascular Surgeon

**David Loran, MD**  
Chief, Cardiovascular Surgery

**Nathaniel Melton, MD**  
Cardiovascular Surgeon

**Mubashir Mumtaz, MD, FACS**  
Cardiovascular Surgeon

Our mutual patient noted above is scheduled to undergo heart valve surgery at UPMC. Prior to surgery, it is important to verify that the patient has had a dental exam within the past 6 months, has no current dental infection and no anticipation of dental care within the next 6 months excluding restoration.

This letter is an important part of our preoperative patient evaluation; please fax this letter back to us as soon as possible.

Thank you for your assistance,

Drs. Abrishamchian, Loran, Melton & Mumtaz

*I certify that the patient has had a dental exam within the past 6 months and does not have a dental infection requiring treatment.*

Dentist name (*please print*): \_\_\_\_\_

Dentist signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FAX THIS LETTER TO UPMC  
CARDIOVASCULAR & THORACIC SURGERY: (717) 231-8568**